

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2816

State File No. ....

699

BIRTH NO. ....		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>60 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3945 N. 20th ST.</u>				e. STREET ADDRESS (If rural, give location) <u>3945 N. 20th ST.</u>			
3. NAME OF DECEASED (Type or Print) <u>AUGUST</u>				a. (First) <u>MOEHLMANN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-21-1951</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>7-11-1875</u>	
9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED COAL</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>PASSER</u>		11. BIRTHPLACE (State or foreign country) <u>NEW MINDEN ILLINOIS</u>	
13a. FATHER'S NAME <u>FRED MOEHLMANN</u>				13b. MOTHER'S MAIDEN NAME <u>LOUISE GRADENKROEGER</u>		14. NAME OF HUSBAND OR WIFE <u>LENA MOEHLMANN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lena Moehlmann</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				19. MEDICAL CERTIFICATION I, DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardio-Vascular Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 years +</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>447X</u>			
22. I hereby certify that I attended the deceased from <u>Dec 26, 1950</u> , to <u>Jan 21, 1951</u> , that I last saw the deceased alive on <u>Jan 20, 1951</u> , and that death occurred at <u>2:40 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. J. M. M. MO.</u>				23b. ADDRESS <u>4222 N. Grand</u>		23c. DATE SIGNED <u>1-22-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-24-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FRIEDENS CEM</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS</u> <u>MO</u>	
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE <u>Jan 23 1951 J. B. Parson</u>				FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bluedorn &amp; Son 3945 N. 20th St.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Neville B. Throckmorton*

Signed .....

Student Embalmer

Licensed Embalmer No. *3696*

P. O. Address *3934 N. 20th ST.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.